

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/018573** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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50						
TOTAL IND.	1		1		1	
TOTAL DEP.	15		15		15	
TOTAL CLAIMS	16		16		16	

	*		*		*	
	IND.	DEP.	IND.	DER.	IND.	DEP.
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100						
TOTAL IND.			1		1	
TOTAL DEP.			15		15	
TOTAL CLAIMS			16		16	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS